

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**  
**PATIENT DISCHARGE DATA PROGRAM**  
**MANUAL ABSTRACT REPORTING FORM**

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***For use with discharges on or after January 1, 2000***

Instructions: For a description of the data elements, refer to the appropriate section of Discharge Data Regulations  
(Sections 97210 through 97239, Title 22, California Code of Regulations).

<b>1. TYPE OF CARE</b> <div style="display: flex; justify-content: space-between;"> <div> 1 Acute 3 SN/IC 4 Psychiatric </div> <div> 5 Chem Dep 6 Physical Rehab </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> </div>	<b>1a. HOSPITAL ID NUMBER</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	<b>17. ABSTRACT RECORD NUMBER (Optional)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
<b>2. DATE OF BIRTH</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year ( 4 - Digit )</span> </div>	<b>20. PATIENT'S SOCIAL SECURITY NUMBER</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: center; font-size: x-small;">(000 00 0001 If not recorded in the medical record)</div>	<b>3. SEX</b> <div style="display: flex; justify-content: space-between;"> <div> 1 Male 2 Female </div> <div> 3 Other 4 Unknown </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-left: 10px;"></div> </div>
<b>4. RACE</b> <div style="display: flex;"> <div style="flex: 1;"> <b>ETHNICITY</b>  1 Hispanic 2 Non-Hispanic 3 Unknown </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <b>RACE</b>  <div style="display: flex; justify-content: space-between;"> <div> 1 White 2 Black 3 Native American/ Eskimo/Aleut </div> <div> 4 Asian/Pacific Islander 5 Other 6 Unknown </div> </div> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-top: 20px;"></div> </div> </div>		<b>5. ZIP CODE</b> <div style="border: 1px solid black; width: 60px; height: 20px; margin-top: 10px;"></div>
<b>6. ADMISSION DATE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year ( 4 - Digit )</span> </div>	<b>9. DISCHARGE DATE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year ( 4 - Digit )</span> </div>	<b>16. TOTAL CHARGES</b> <div style="border: 1px solid black; width: 60px; height: 20px; margin-top: 10px;"></div> <div style="text-align: center; font-size: x-small;">(Report whole dollars only, right justified)</div>
<b>7. SOURCE OF ADMISSION</b> <div style="display: flex;"> <div style="flex: 1;"> <b>SITE</b>  <div style="display: flex; justify-content: space-between;"> <div> 1 Home 2 Residential Care Facility 3 Ambulatory Surgery 4 SN/IC 5 Acute Inpatient Hospital Care </div> <div> 6 Other Inpatient Hospital Care 7 Newborn 8 Prison/Jail 9 Other </div> </div> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <b>LICENSURE OF SITE</b>  1 This Hospital 2 Another Hospital 3 Not a Hospital </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <b>ROUTE</b>  1 Your ER 2 Not Your ER (or no ER) </div> </div>		<b>8. TYPE OF ADMISSION</b> 1 Scheduled 2 Unscheduled 3 Infant, under 24 hrs old 4 Unknown
<b>15. EXPECTED SOURCE OF PAYMENT</b> <div style="display: flex;"> <div style="flex: 1;"> <b>PAYER CATEGORY</b>  <div style="display: flex; justify-content: space-between;"> <div> 01 Medicare 02 Medi-Cal 03 Private Coverage 04 Workers' Compensation 05 County Indigent Programs </div> <div> 06 Other Government 07 Other Indigent 08 Self Pay 09 Other Payer </div> </div> </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <b>TYPE OF COVERAGE</b>  1 Managed Care - Knox - Keene/ MCOHS 2 Managed Care - Other 3 Traditional Coverage </div> <div style="flex: 1; border-left: 1px solid black; padding-left: 10px;"> <b>NAME OF PLAN</b>  <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 10px;"></div> <div style="text-align: center; font-size: x-small;">(0001 - 9999 Plan Number)</div> </div> </div>		
<b>14. DISPOSITION OF PATIENT</b> <div style="display: flex; justify-content: space-between;"> <div> 01 Routine (Home) <b>Within This Hospital</b> 02 Acute Care 03 Other Care 04 SN/IC <b>To Another Hospital</b> 05 Acute Care 06 Other Care (Not SN/IC) </div> <div> 07 SN/IC 08 Residential Care Facility 09 Prison/Jail 10 Against Medical Advice 11 Died 12 Home Health Service 13 Other </div> </div>	<b>21. PREHOSPITAL CARE AND RESUSCITATION</b>  DNR order written at the time of or within the first 24 hrs of admission   <div style="display: flex; justify-content: space-between;"> <div> Y = Yes N = No </div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<b>E - CODES</b> <b>18. PRINCIPAL</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> <b>19. OTHER</b> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-top: 5px;"></div>

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PATIENT DISCHARGE DATA PROGRAM  
SUPPLEMENTAL REPORTING PAGE  
For use with discharges on or after January 1, 2000

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10. PRINCIPAL DIAGNOSIS

CODE

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10a. PRESENT AT  
ADMISSION

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Y = Yes  
N = No  
U = Uncertain

11. OTHER DIAGNOSES

11a. PRESENT AT  
ADMISSION

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a.

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Y = Yes  
N = No  
U = Uncertain

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12. PRINCIPAL PROCEDURE

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Month | Day | Year (4 - Digit)

13. OTHER PROCEDURES

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Month | Day | Year (4 - Digit)